

HEPTON
Rural District Council

Annual
REPORT

of the

MEDICAL OFFICER OF HEALTH
(J. LYONS,
M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.)

and the

SANITARY INSPECTOR
(W. SMITH,
M.S.I.A., C.R.S.I.)

for the Year
1955

Hebden Bridge:
Kershaw and Ashworth Ltd., Market Street.

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PUBLIC HEALTH STAFF

HEPTON R.D.C.

Medical Officer of Health—

J. LYONS, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H

Deputy Medical Officer of Health—

NORMAN E. GORDON, M.B., B.Ch., D.P.H.

Sanitary Inspector—

W. SMITH, M.S.I.A., C.R.S.I.

WEST RIDING COUNTY COUNCIL

Preventive Medical Services : Health Division 19.

Staff with duties in the Hepton Rural District:—

Divisional Medical Officer—As above (M.O.H.)

Senior Assistant County Medical Officer—

*NORMAN E. GORDON, M.B., B.Ch., D.P.H.

Assistant County Medical Officer—

*ALICE SEELIG, M.D. (Retired January, 1956).

Medical Officers to Hebden Royd Maternity and Child Welfare Clinics—

MADELEINE A. DOWDALL, M.B., Ch.B., at
Hebden Bridge;

T. M. CRAWFORD, M.B., Ch.B., at Mytholmroyd.

School Dental Officer—

Vacant.

Health Visitors—

*R. I. M. SCHOLLIICK, S.R.N., S.C.M. (to 30-6-55)

*M. E. GRIFFIN, S.R.N., S.C.M. (commenced
1-7-1955).

Tuberculosis Health Visitor—

*B. G. NICHOLL, S.R.N.

Mental Health Social Worker—

*E. C. WROE, S.R.N., R.M.N., S.C.M., H.V.

Mental Health Home Teacher (Qualified)—

*M. H. GRAHAM, B.A.

Midwife—

*M. COGAN, S.R.N., C.M.B.

Home Nurses—

*I. COLLUMBELL, S.R.N., C.M.B.

* Also have duties in other parts of the Division.

**HALIFAX AREA HOSPITALS MANAGEMENT
COMMITTEE**

Consultant Staff—

Chest Physician:

BERTRAM MANN, B.Sc., M.D., D.P.H.

Ear, Nose and Throat Surgeon:

W. O. LODGE, M.D., F.I.C.S., F.R.C.S. (Edin.)

Ophthalmic Surgeon:

P. M. WOOD, M.B., Ch.B., M.R.C.P., D.O.M.S.

Orthopædic Surgeon:

G. HYMAN, M.B., F.R.C.S.

HEPTON RURAL DISTRICT COUNCIL

ANNUAL REPORT

of the
MEDICAL OFFICER OF HEALTH

Abraham Ormerod Medical Centre,
Todmorden.

October, 1956

To the Chairman and Members of the Council.

Ladies and Gentlemen,

I have the honour to present the ninth Annual Report since the inception of the scheme of Divisional Health Administration.

Under the Divisional Health Scheme your Medical Officer of Health is also Divisional Medical Officer for the West Riding County Council's local health services and has similar functions in the Borough of Todmorden and the Urban Districts of Sowerby Bridge, Hebden Royd and and Ripponden. The scheme has led to a closer integration of local authority health services.

The vital statistics for the year reveal an exceptionally high birth-rate for this district, viz., 16 per 1,000 population. It is unlikely, however, that this represents anything more than a temporary reversal of the usual trend. The death rate (14.5 per 1,000 population) is again well above the average for the West Riding area as a whole (11.7). This should not be regarded as evidence of generally unhealthy conditions; it is, for the most part, a reflection of the disproportionately high number of aged persons in the community.

This "top-heavy" age-constitution of the population gives rise to a correspondingly heavy demand on the services of general practitioners, home nurses, health visitors and home-helps, and the geography of this rural locality makes assistance far from easy to apply in many cases. The home-

help service, in particular, is handicapped by the relative inaccessibility of many houses, as well as by difficulties in recruitment. On occasion, the aged persons needing most help are the ones for whom we cannot provide.

The standard of housing of the older folk is, in general, below that of the rest of the community. Life is so often rendered unnecessarily difficult and hazardous by such features as defective natural lighting, inefficient or unguarded fire grates, inadequate cooking and washing facilities, steep steps and rickety or narrow stairs, outside privies or toilets, absence of baths and washbasins, inadequate hot water, faulty gas fittings and easily frozen pipes. This environment would present a problem for young and active families. How much worse is it, then, for those weakened by age, impoverished by retirement and demoralised by frustration and loneliness? Neither an extended domiciliary service nor institutional care is the complete answer to this problem. My own experience is that the aged rarely seek institutional care before the situation has become desperate. When they do ultimately secure a place in a welfare home, they go only with sorrowful reluctance.

Housing Authorities hold the key to the solution of this problem. The old folks should be brought back into the community, into dwellings which are easy to live in and easy to manage and where assistance, if required, can easily be given. Local Authorities, with their vested interest in the health and welfare of the community, cannot continue to postpone action indefinitely on economic grounds. Should not the community as a whole, in this era of full employment, be capable of making this investment in its own future? Is it that we cannot afford or that we do not **wish** to afford? The cost of basic essential Local Government services (including housing) is negligible compared with the combined cost of such luxuries as alcohol, tobacco, television, etc. The community must reconsider and revise its scale of values and then decide what are the true basic pre-requisites of health and happiness.

The housing of the aged is, of course, but a part (though an important part) of the general housing problem. In the summer of 1955 the Hepton District Council submitted a programme of slum clearance to the Minister. This envisaged the clearance within ten years of over 180 houses. No start has to date been made on the implementation of this formidable undertaking and it is becoming clear that this target cannot be reached. The high cost of re-housing

the displaced occupants is the reason for the Council's hesitancy. The problem is, nevertheless, one that cannot be shelved for an indefinite period; too many families are suffering the hardship of living in decrepit, comfortless dwellings. Furthermore, deterioration of property is in general proceeding much more rapidly than repair and improvement. Any dilatory tackling of this problem can, therefore, only make the ultimate task even heavier.

To offset this somewhat discouraging picture, one is pleased to record the truly remarkable progress made by the Council in dealing with the problems of basic sanitation. In the short space of nine years, the number of houses on a public water supply has increased from 450 to over 800 and the number of domestic water closets has been exactly doubled. This represents almost a revolution in rural living, and is bound to benefit the community both physically and psychologically.

Another bright feature is the health of the children of this district, never more robust than to-day. Of 125 children examined at local primary schools during the year not a single one was found to be in need of medical treatment. The incidence of serious infectious disease was low, and it is of particular interest to note that no whooping cough cases were notified. This must not be taken to mean that the disease was in fact totally absent, since mild cases are frequently either not diagnosed or not notified. But it **does** imply that severe cases of whooping cough are much less common than formerly. When one recalls that whooping cough has been a prominent cause of death in infancy and is, moreover, the origin of much chronic chest trouble in adults, the decline of the disease is very welcome. This improvement must be at least partly attributable to immunisation. Under the County Council scheme, children up to the age of 4 years can be immunised against whooping cough either at the local clinic or by the family doctor.

In conclusion, I wish to thank the Members of the Council for their kindness, patience and co-operation, and to thank Mr. W. Smith, Public Health Inspector, for his most willing assistance in helping me to tackle the numerous problems of the Health Department.

I am,

Yours faithfully,

JOSEPH LYONS,

M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.,
Medical Officer of Health.

SECTION 1

Vital Statistics

Statistics—

Area: 21,769 acres.

Population: Registrar-General's estimate of Resident
Population, mid-1955: 4,070.

1951 Census: 4,084.

Number of dwelling houses: 1,715.

Rateable Value: £35,462.

Product of a penny rate: £140.

Summary of Vital Statistics—

	Total	M	F	
Live Births— Legitimate Illegitimate	62* 3*	31 —	31 3	Birth Rate per 1,000 of the estimated resident Population: 16.0
Still Births— Legitimate Illegitimate	1 —	1 —	— —	Rate per 1,000 total (live and still) births: 15.2
All Deaths	59	26	33	Death Rate per 1,000 of the estimated resident population: 14.5
Deaths of infants under 1 year Legitimate Illegitimate	3 —	1 —	2 —	Infant Mortality Rate (Deaths under 1 year per 1,000 live births): 46.2

* These figures include births outside the Rural District to
mothers usually resident in Hepton.

CAUSES OF DEATH IN HEPTON RURAL DISTRICT

CAUSES OF DEATH	M.	F.
1. Tuberculosis, respiratory	—	—
2. Tuberculosis, other	—	—
3. Syphilitic disease	1	—
4. Diphtheria	—	—
5. Whooping Cough	—	—
6. Meningococcal infections	—	—
7. Acute Poliomyelitis	—	—
8. Measles	—	—
9. Other infective and parasitic diseases	—	—
10. Malignant neoplasm, stomach	1	2
11. Malignant neoplasm, lung bronchus	2	—
12. Malignant neoplasm, breast	—	3
13. Malignant neoplasm, uterus	—	—
14. Other malignant and lymphatic neoplasms	1	3
15. Leukaemia, aleukaemia	1	—
16. Diabetes	—	—
17. Vascular lesions of nervous system.....	4	7
18. Coronary disease, angina	5	5
19. Hypertension with heart disease	1	1
20. Other heart diseases	4	5
21. Other circulatory diseases	1	—
22. Influenza	—	—
23. Pneumonia	1	1
24. Bronchitis	2	3
25. Other diseases of respiratory system	—	—
26. Ulcer of stomach and duodenum	—	—
27. Gastritis, Enteritis and Diarrhoea	—	1
28. Nephritis and Nephrosis	—	—
29. Hyperplasia of prostate	1	—
30. Pregnancy, Childbirth, Abortion	—	—
31. Congenital malformations	1	—
32. Other defined and ill-defined diseases ...	—	2
33. Motor vehicle accidents	—	—
34. All other accidents	—	—
34. All other accidents	—	—
35. Suicide	—	—
36. Homicide and operations of war	—	—
TOTAL, ALL CAUSES	26	33

Principal Vital Statistics for the year 1955:

Based on Registrar General's Figures

	Hepton R.D.	Hebden Royd U.D.	Todm'den M.B.	Sowerby Br'ge U.D.	Ripondden U.D.	Aggregate W. Riding U.D.	W. Riding Admin. County	England & Wales (Provisional Figures)
BIRTH RATE:— (per 1,000 estimated population)	16.0	12.8	12.4	15.4	9.8	14.8	15.3	15.0
DEATH RATES:— (All per 1,000 estimated home population).								
All Causes	14.5	16.8	15.5	12.6	12.7	12.5	11.7	11.7
Infective and parasitic diseases *	0.25	0.10	—	0.05	—	0.06	0.07	* *
Tuberculosis of respiratory system	—	0.10	0.16	0.11	—	0.11	0.11	0.13
Other forms of tuberculosis	—	—	—	—	—	0.02	0.01	0.02
Cancer	3.19	3.52	2.27	2.06	1.35	2.03	1.90	2.06
Vascular lesions of nervous system	2.70	2.31	3.13	1.57	2.32	2.09	1.90	* *
Heart and circulatory diseases ⁺	5.41	7.34	5.40	5.21	6.37	4.71	4.39	* *
Respiratory Diseases:— ⁺ (excluding tuberculosis of respiratory system)	1.72	1.21	1.40	1.09	0.87	1.28	1.21	* *
INFANT MORTALITY:— (Deaths under one year per 1,000 live births)	46.2	15.7	34.9	14.1	—	25.2	26.2	24.9
MATERNAL MORTALITY:— (Deaths of mothers in childbirth per 1,000 live and still-births)	—	—	—	—	—	0.45	0.67	0.64

* Combined death rate from syphilitic diseases, diphtheria, whooping cough, meningococcal infections, acute poliomyelitis, measles, and other infective and parasitic diseases. (items 3—9 incl. on p.8)

+ Combined death rate from heart disease and other diseases of the circulatory system.
(items 18—21 incl. on page 8)

+ Combined death rate from influenza, pneumonia, bronchitis and other respiratory diseases,
excluding tuberculosis of the respiratory system. (items 22—25 incl. on page 8)

SECTION II

General Provision of Health Services

A. Hospitals

There is no hospital in Hepton Rural District. Patients requiring hospital treatment are referred as a rule to hospitals under the administration of the Halifax Hospitals Management Committee (National Health Service). Included in this group are the Halifax General Hospital, Royal Halifax Infirmary, St. John's Hospital (for the aged and chronic sick), Northowram Hall Hospital for Infectious Diseases, Shelf Sanatorium, Todmorden Fielden Hospital (for long stay medical cases in children), and Todmorden Stansfield View Hospital for mentally defective patients.

During 1955 the maternity work at the Royal Halifax Infirmary was discontinued and beds are now only available at the Halifax General Hospital. Priority in booking is given to abnormal cases, mothers expecting their first child, and mothers with unsatisfactory home conditions.

Special hospitals (e.g., Mental Hospitals, special Orthopaedic Hospitals, Tuberculosis Sanatoria, etc.) outside the Halifax area are available when required; they are situated in various parts of the so-called "Leeds Hospital Region" which in fact extends into all three Ridings.

B. Ambulance Service

The County Council took over the control of the ambulance service towards the end of 1947. The area served by the Todmorden Ambulance Depot now includes most of the Hepton Rural District, but those parts adjacent to Luddenden are served by Halifax Corporation Ambulance Service under an agency agreement.

C. Laboratory Facilities

These are provided by the Public Health Laboratory Service (directed by the Medical Research Council for the Ministry of Health) at central laboratories in Wakefield and Bradford.

D. Issue of Anti-Toxin, etc.

Supplies of diphtheria and tetanus anti-toxin are available at the Northowram Hall Hospital and the Halifax General Hospital for issue to medical practitioners requiring them. By arrangement with the Regional Hospital Board supplies of tetanus anti-toxin are also kept at the Divisional Health Office, The Medical Centre, Todmorden, for the use of local medical practitioners in the division. A supply of reagents for diphtheria and whooping-cough immunisation is also available free of charge to private practitioners who have undertaken to participate in the West Riding County Council's schemes of immunisation.

SECTION III

W.R.C.C. Preventive Health Services

A. Clinics and Treatment Centres

There are no clinics or treatment centres in the Hepton Rural District, but mothers and children resident in the area attend the Pitt Street Clinic, Hebden Bridge.

B. Care of Mothers and Young Children

HOME VISITING OF INFANTS

Total number of live births to Hepton mothers	65
Number of first visits to children under 1 year	63
Total number of visits to children under 1 year	200
Total number of visits to children aged 1—5 years ...	394

PROVISION OF WELFARE FOODS, ETC.

A variety of brands of dried milk and other infant foods are sold at the Child Welfare Centre for the convenience of mothers.

National Dried Milk, Cod Liver Oil, Orange Juice, etc., are also distributed at the Centre under revised arrangements instituted in July, 1954, when the County Council became responsible for this service.

DAY NURSERY ACCOMMODATION

The Day Nursery situated in the centre of Hebden Bridge to which children under 5 years could be admitted under certain conditions was closed in June, 1955, but priority cases from the Hepton R.D. area may be admitted to the Nursery at Todmorden.

CARE OF PREMATURE INFANTS

Special equipment and nursing staff are available for use in the homes in cases requiring them.

PROVISION OF MATERNITY OUTFITS

These are provided free to mothers preparing for confinement in their own homes.

C. Professional Nursing in the Home

The West Riding County Council employs two nurses who reside at the Nurses' Home, Hebden Bridge, and their area includes the Hepton Rural District. One nurse is responsible for the midwifery work in the district and the other nurse for home nursing.

Number of confinements at home	21
Number of confinements in hospital	44

Analgesia

The Midwife is trained in the administration of gas and air analgesia and is provided with the necessary equipment. Analgesia is available to all mothers desiring it subject to satisfactory medical examination.

D. Health Visiting

The duties of the Health Visitor are combined with those of School Nurse. In pursuance of the National Health Service Act the scope of this service includes home visiting for the purpose of giving advice as to the care of children and persons (including adults) suffering from illness, and of expectant and nursing mothers. The Health Visitor also gives advice in the home as to measures necessary to prevent the spread of infection.

E. Home Helps

In accordance with the National Health Service Act, the County Council provide domestic help for households "where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged, or a child not over compulsory school age."

During 1955, 19 cases were attended by Home Helps, and the total number of hours worked was 3,428.

F. Care and After Care

Special provisions are in operation for the care and after care of patients suffering from tuberculosis, mental illness or defect, venereal disease, and other illnesses.

G. School Health Service

Number of schools in the district	3
Number of children in attendance at school at end of 1955	230
Number of children examined at school during 1955 ...	125
this figure being made up as follows:—	
Routine examinations	98
Re-examinations	27
Number of above children referred for treatment	0

H. Immunisation and Vaccination

In accordance with the National Health Service Act, immunisation against diphtheria and vaccination against smallpox may be done either at the clinic or by the family doctor.

DIPHTHERIA IMMUNISATION

(i) Number of Children in Hepton Rural District who had completed a full course of Diphtheria Immunisation 1955

Age	0-1	1	2	3	4	5	6	7	8	9	10	11	12	13
Began and completed injections 1955	3	18	3	1	-	1	7	1	-	2	-	-	-	-

Total 36

mmunised in previous years re-treated 1955	-	-	-	-	-	6	13	5	3	4	1	-	-	-
--	---	---	---	---	---	---	----	---	---	---	---	---	---	---

Total 32

(ii) Immunisation in relation to child population:

Number of Children in Hepton Rural District who had completed a full course of Diphtheria Immunisation at any time to 31-12-55.

Age at 31-12-55 i.e. born in year	Under 1	1	2	3	4	5 to 9	10 to 14	Total under 15
	3	25	24	36	33	234	223	578
	121					457		
Estimated Mid-year population (under 15 years) ... 790								

WHOOPIING COUGH IMMUNISATION

(i) Number of children in Hepton who completed a full course of Whooping Cough Immunisation, 1955:

Age at final injection	Under 6 mths	6 mths to 1 year	1-2 yrs	2-3 yrs	3-4 yrs	Total
No. immunised	—	15	6	—	—	21

During the year there were no notified cases of Whooping Cough.

(ii) Immunisation in relation to child population:

Number of children at 31st December, 1955, who had completed a course of immunisation **at any time before that date:**

Age 31:12:55 i.e., born in year	Under 1 1955	1 19 54	2 1953	3 1952	4 1951	5 1950	6 1949	Total
No. immunised	6	20	20	12	4	3	2	67

VACCINATION AGAINST SMALLPOX

During the year 35 persons were vaccinated against Smallpox. Of this number, 24 were infants under the age of one year.

SECTION IV

INFECTIOUS DISEASES

Summary of Notifications received in year 1955

Disease	Total Cases Notified
Scarlet fever	8
Whooping cough	—
Acute poliomyelitis	—
Measles	29
Diphtheria	—
Acute pneumonia	—
Dysentery	4
Smallpox	—
Acute encephalitis	—
Enteric or typhoid fever	—
Paratyphoid fevers	—
Erysipelas	—
Meningococcal infection	—
Food poisoning	—
Puerperal pyrexia	—
Ophthalmia neonatorum	—
Pulmonary tuberculosis	1
Other forms of tuberculosis	—
	42

Tuberculosis

The number of new cases notified during 1955 are given in detail in the following table:—

AGE PERIOD	NEW CASES			
	Respiratory		Non-Respiratory	
	M.	F.	M.	F.
Under 5	—	—	—	—
5—14	—	—	—	—
15—24	—	—	—	—
25—44	—	1	—	—
45—64	—	—	—	—
65 and over	—	—	—	—
Totals	—	1	—	—

HEPTON RURAL DISTRICT COUNCIL

ANNUAL REPORT

of the

SANITARY INSPECTOR

Year ending 31st December, 1955

Health Department,
District Bank Chambers,
Hebden Bridge.

**To the Chairman and Members of the
Hepton Rural District Council.**

Madam Chairman and Members,

I beg to submit my Annual Report as Sanitary Inspector to the Hepton Rural District Council.

Work continued during the year in connecting up properties to the new sewerage system in Wadsworth and to the new water mains in Heptonstall and Wadsworth.

Work on the new mains water supply system for the Charlestown district, in the Parishes of Erringden and Blackshaw was commenced in September.

During the year the Food Hygiene Regulations, 1955, came into force, but in part only. The main provisions do not come into operation until July, 1956.

The Clearance Programme as required under the Housing Repairs and Rents Act, 1954, was submitted to the Minister of Housing and Local Government in August. The estimated number of houses unfit for human habitation being 183 and the period of time thought necessary to demolish

them 10 years. Should this programme meet with the approval of the Ministry, then the Council will need to deal with approximately 18 houses per year.

In conclusion, I would like to express my thanks to the Chairman and Members of the Council for their assistance, and to Dr. J. Lyons for his help and advice always so freely given.

I am, Ladies and Gentlemen,
Yours respectfully,

WALTER SMITH, M.S.I.A.
Sanitary Inspector and Surveyor.

Water Supplies

814 dwelling-houses in the district are supplied with drinking water from public mains, 32 houses having been connected up during the year. The remaining 901 houses rely on spring and well supplies.

Work on the new mains scheme for Charlestown was commenced in September.

Council's water is available in the villages of Heptonstall, Edge Hey Green, Colden, Old Town and Pecket Well. Those parts of the district such as Nursery Nook, Eaves and Stubbing Brink, which fringe on the Hebden Royd Urban District Council's area, are supplied by that authority.

Water Sampling

Number of samples taken for bacteriological examination	3
Number satisfactory	3
No supplies were restricted or closed during the year.	

Consumption of Water

(a) Heptonstall and Colden

1933-1934	1,939,000 gallons
1954-1955	7,654,000 gallons

(b) Wadsworth

1951-1952	4,480,000 gallons
1954-1955	4,665,000 gallons

Closet Accommodation

No. of privies with open middens or open ashpits...	8
No. of privies with covered middens or covered ashpits	51
No. of pail or tub closets	406
No. of trough water closets	Nil
No. of waste water closets	Nil
No. of pedestal water closets	821
Total number of closets ...	1286
Percentage of closets on the water carriage system ...	64%
No. of privies reconstructed in 1955:	
(a) as W.C.s, Nil. (b) Other, Nil.	
No. of closets, other than privies, reconstructed in 1955 as W.C.s	26
No. of additional closets provided for old property in 1955:	
(a) W.C.s, 6. (b) Other, Nil.	
No. of closets constructed in 1955 for new houses:	
(a) W.C.s, 11. (b) Other, Nil.	

Any special action taken by Council to secure conversion of privies and pail closets to the water carriage system, also waste water and trough water closets to pedestal water closets? If so, what?

A grant of half the cost up to a maximum of £15 is made in respect of each approved conversion of a pail or privy closet to a W.C.

Public Cleansing

Public cleansing and Salvage Collection was carried out during the year at a cost of £4,507.

During the year 36 dustbins were provided to properties and 7 renewals were made under the Council's scheme.

48 tons of salvage were sold, valued at £375 8s. 3d.

Housing

Total No. of dwelling-houses inspected for housing defects	78
No. of inspections made for the purpose	78
No. of dwellings in which defects were remedied after service of informal notices	3
No. of dwellings in which defects were remedied after service of formal notices	Nil
No. of separate tenements, in respect of which Closing Orders were made	1

New Houses

Permanent houses provided	
(a) Local Authority	10
(b) Private enterprise	1

Housing Act, 1949, Section 20

Grants made for improvement of dwellings	8
Conversion	1

Nuisances

The number of nuisances investigated during the year as a result of complaint or routine inspection was 35. Eighteen nuisances were found, and 11 were outstanding at the end of 1954. Of these 11 have been abated, leaving 18 outstanding.

Abatement of the nuisances was secured by informal action, except in 12 cases where statutory notices were issued

Routine Sanitary Inspections

	Visits
Fried Fish Shops	4
Bakehouses	6
Refuse Collection	4
Refuse Disposal	6
Factories	12
Shops	12
Public Conveniences	12
Petroleum Stores	2
Schools	4
Public Houses	4
Drainage	35
Water Supplies	12
Smoke Abatement	8

Tents, Vans, Sheds

There are 32 living vans in the district, which are mainly used for week-end holiday purposes only.

Milk Supply

Most of the retail milk sellers in the district are also producers, and are therefore registered with the Minstry of Agriculture and Fisheries.

Number of Retail Milk Sellers registered 15

Meat Inspection

There is no Public Abattoir in the district and the two private slaughter-houses have not been re-opened.

